

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN4601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  04/29/2013
NAME OF PROVIDER OR SUPPLIER  MOUNTAIN CITY CARE & REHABILITATION CE		STREET ADDRESS, CITY, STATE, ZIP CODE 919 MEDICAL PARK DRIVE MOUNTAIN CITY, TN 37683		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 848	<p>1200-8-6-.08 (18) Building Standards</p> <p>(18) It shall be demonstrated through the submission of plans and specifications that in each nursing home a negative air pressure shall be maintained in the soiled utility area, toilet room, janitor ' s closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, it was determined the laundry area ventilation was not provided as required. The findings include: Observation and interview with the Maintenance Supervisor on April 29, 2013 p.m. at 7:10 p.m. confirmed soiled linen side of the laundry was not provided with an operable exhaust and was at a strong positive pressure. Observation and interview with the Maintenance Supervisor on April 29, 2013 p.m. at 7:10 p.m. confirmed clean side of the laundry was not maintained at a positive pressure and was at a strong negative pressure. These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on April 29, 2013.</p>	N 848	<p>N 848</p> <p>Roof supply fan, exhaust fan, louver and back draft damper installed to ensure negative air pressure is maintained in soiled linen area and a positive air pressure is maintained in clean linen area.</p>	6/7/13

Division of Health Care Facilities

*Diana Branch*  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

*Administrator*

(X6) DATE

*5-16-13*

STATE FORM

8899

UQGO21

If continuation sheet 1 of 1

MAY 17 2013